



New Sidewalk Request Form

Submit to Transportation Safety Group

(transpsafety@lexingtonma.gov)

Name of Proponent(s): _____

Address: _____

Phone Number(s): _____ Email(s): _____

New Sidewalk Location (list road(s)): _____

Starting Point(s): _____ Ending Point(s): _____

Reason for request (provide some information on the pedestrian activity in the area and any potential connectivity to existing sidewalks, trails or bikeways, as well as surrounding land uses) _____



New Sidewalk Petition Signatures

Name (Print)	Signature	Address	Date/Time	Position S - Support O - Oppose N - Neutral

Collector of Signatures:_____